

FULL FACILITY PROFILE

CARE SOURCE HOME HEALTH
5882 SOUTH 900 EAST SUITE 201
SALT LAKE CITY UT 84121
STATE'S REGION CODE: 001

PROVIDER #: 467117
PHONE NUMBER: (801) 266-7200
PARTICIPATION DATE: 05/28/1998

TYPE ACTION: RECERTIFICATION
TYPE FACILITY: OFFICIAL HEALTH AGENCY
TYPE OWNERSHIP: PROPRIETARY

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS
CERTIFIED HOSPICE PROVIDER NO: 467117
NUMBER OF SUBUNITS: NONE
PARENT AGENCY PROVIDER NO: NONE
NUMBER OF BRANCHES: NONE

SERVICES OFFERED	STAFFING
NURSING	
REGISTERED NURSE	9.00
LICENSED PRACTICAL NURSE	2.00
PHYSICAL THERAPY	2.00
OCCUPATIONAL THERAPY	.50
SPEECH THERAPY	.25
MEDICAL SOCIAL WORKER	1.00
HOME HEALTH AIDE	10.00
INTERN/RESIDENT	
NUTRITIONAL GUIDANCE	.00
PHARMACEUTICAL SERVICES	.00
APPLIANCE & EQUIPMENT SERVICE	
VOCATIONAL GUIDANCE	
LABORATORY SERVICES	
OTHER	5.00

HHA PROVIDES DIRECTLY: HOME HEALTH AIDE COMPETENCY PROGRAM
NUMBER RECORDS REVIEWED WITH HOME VISITS: 5
NUMBER RECORDS REVIEWED WITH NO HOME VISITS: 10
NUMBER OF HOME VISITS WITH NO RECORD REVIEW:
TOTAL RECORDS REVIEWED: 15
TOTAL HOME VISITS: 5

SURVEY SUMMARY: NO NEED FOR PARTIAL EXTENDED OR EXTENDED SURVEY

SURVEY DATES FROM: 06/28/2000
DATE PROVIDER SIGNED POC:
REVISIT DATES:

PROGRAM REQUIREMENTS

LEVEL OF REQT	TAG #	REQUIREMENT	PLAN/DATE OF CORRECTION	STATUS OF DEFICIENCY	# AND PERCENT OF FACILITIES NOT MEETING REQUIREMENT					
					STATE		REGION		NATION	
					#	%	#	%	#	%

**** NO DEFICIENCIES FOUND ON CURRENT SURVEY ****

NOTE: IF A 'P' IS PRESENT NEXT TO PROVIDER NUMBER, THEN THE RECORD IS PENDING.
* = REGIONAL OFFICE FLAG (INCLUDES COPS) ELE = ELEMENT STD = STANDARD COP = CONDITION

SURVEY DATES FROM: 06/28/2000

PROGRAM REQUIREMENTS

DATE PROVIDER SIGNED POC:
REVISIT DATES:

LEVEL OF REQT	TAG #	REQUIREMENT	PLAN/DATE OF CORRECTION	STATUS OF DEFICIENCY	# AND PERCENT OF FACILITIES NOT MEETING REQUIREMENT					
					STATE		REGION		NATION	
					#	%	#	%	#	%

TYPE OF DEFICIENCY -----	TOTAL THIS FACILITY -----	AVERAGE NUMBER OF DEFICIENCIES PER FACILITY		
		STATE -----	REGION -----	NATION -----
CONDITION/LEVEL A	0	0.00	0.05	00.17
STANDARD/LEVEL B	0	1.07	1.66	03.24
REGIONAL OFFICE FLAG (INCLUDES COPS)	0	0.00	0.05	00.17
HEALTH TOTAL	0	1.07	1.72	03.42

STATUS OF DEFICIENT COPS
CURRENT SURVEY

	DEFICIENCY NOT CORRECTED -----	DEFICIENCY CORRECTED AFTER APPROVAL -----	REPEAT COP DEFICIENCY -----
COP	0	0	0

NOTE: IF A 'P' IS PRESENT NEXT TO PROVIDER NUMBER, THEN THE RECORD IS PENDING.
* = REGIONAL OFFICE FLAG (INCLUDES COPS) ELE = ELEMENT STD = STANDARD COP = CONDITION